

## ELASTIC SKIN.

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ELASTIC skin, as it is popularly called, is a condition which cannot be regarded as rare, although it is by no means a common one. It is one, however, which is so interesting that it is a matter for surprise that it has received so little consideration at the hands of those interested in cutaneous troubles. The standard works on dermatology either do not allude to it at all, or give it such scant mention that but little can be gleaned from them in the nature of a good clinical or pathological description. The purpose of this short paper is merely to call attention to the fact that this condition is one which actually exists and which differs essentially from all the other forms of hypertrophic processes which attack the skin in part or in whole. Having had occasion to examine a few cases, although unable to procure specimens for microscopic examination, the condition present could be pretty accurately surmised, borne out as it was by the clinical characteristics which were present.

The condition is one which is congenital, and, as a rule, exists over the entire surface of the body. It consists, essentially, in the ability to draw the skin in long folds, and this to a degree which is very much out of proportion to the normal. In those portions of the integument where it is thinnest the skin can be drawn to a much greater extent than where it is thick, so that a simple consideration of the sites where the

FIG. 1.



Skin in repose.

integument is most thin will readily suggest the localities where it is most marked.

I have had opportunities to observe but three cases of this condition in which it presented characteristics which would be regarded as abnormal. All three were males,—two adults, and a boy, who, having seen the case of an “elastic skin” man at a museum, discovered the same peculiarity in

himself. I had the arm of one of the men photographed in a state of repose and with the skin drawn, and the accompanying engravings show very well the amount of tension which the skin would bear. It will be ob-

FIG. 2.



Skin drawn up by traction.

served that the traction exerted in the instance figured is not very great, and a fact to which all agree in testifying is that drawing the skin does not produce any pain.

This is not the only interesting feature connected with this condition. The most interesting is that which has given it its name. There is an amount of elasticity and resiliency present which is of so marked a character as to draw immediate attention to it. The skin while easily drawn into long folds will return to its normal condition as soon as the tension is removed. This retraction seems to be a permanent quality, for in one case which I saw the man had been extending his skin into folds a great many times daily and without any apparent impairment of its elasticity. The same peculiarity of elasticity existed in the others.

It is this quality which serves to differentiate this condition from dermatocele,—the so-called cutis pendula. In this latter condition the skin becomes thickened, rugous, warty, and hangs in folds. In elastic skin it is, to all intents and purposes, normal so far as external inspection is concerned, with one exception: to the touch it has somewhat of a doughy feel and seems velvety when the fingers are passed over it. These characteristics are explainable when we consider the conditions present in the tissues underlying the skin. But in other respects no difference can be found. The skin is as smooth and as thin as the normal, and no subjective sensations are complained of by the individual so affected.

As to the true pathology of this deformity I am unable to speak authoritatively. Judging from the symptoms a pretty accurate surmise may be made, which will be found to be in consonance with the facts presented. In the first place, the entire integument is raised in the folds, for the arterial circulation can be plainly discerned when the fold is viewed by the aid of transmitted light. The change, then, must lie in the subcutaneous tissues. Now, we know that these consist of connective tissue and fat, and, furthermore, that the connective tissue is of a mixed form. Basing ourselves upon these



premises, the only rational conclusion which can be drawn is that it is this connective tissue which has undergone change or which underwent a modification prior to birth. From the picture presented in the condition we can draw only one conclusion, so far as regards the pathology. There must be a hypertrophy in the length of the white fibrous connective tissue and a hypertrophy in the length and quantity of the yellow elastic tissue. The first must exist or it would be impossible to extend the skin into such long folds; the second must be present or the integument would not only not return to its normal position, but it would, in time, become pendulous.

It is no doubt on account of this hypertrophy of the subcutaneous connective tissue that the skin has such a doughy feel, and it is perhaps due to the constant manipulation that the velvety feel is elicited on account of the larger number of lanugo hairs which spring up by reason of the stimulation afforded by constant manipulation.

Such is a brief notice of a condition which is unusual and of sufficient interest to merit more than the few passing comments it has hitherto received at the hands of the profession. A microscopic study would no doubt add to the value of our positive knowledge in respect to its pathology, and it is to be hoped that an opportunity will soon present itself that will lead to the filling up of this gap.

